Please ty	pe a	olus	sian (+)	inside	this box	<u>-</u>	\Box	l
	~~~	p.00	~.5 \ /					

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR LITHITY OR	Attorney Docket Number	STL11223
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Schell, David Louis
PATENT APPLICATION	COMPLETE	IF KNOWN
(37 CFR 1.63)	Application Number	
	Filing Date	
<ul><li>☑ Declaration</li><li>☐ Declaration</li><li>☐ Submitted</li><li>OR</li><li>☐ Declaration</li><li>☐ Submitted after Initial</li></ul>	Group Art Unit	
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I he	reby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Dynamic Head Switch Timing Recalibration Apparatus And Method								
the specification of which (Title of the Invention)  Is attached hereto OR								
was filed on (MM/DD/YYYY)		as Unit	ed States Applicat	ion Number or PCT International				
amended by any amendment specif	Application Number and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
Additional foreign application num	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) Filing Date (MM/DD/YYYY)								
60/445,316	02/05/2003		numbe supple	onal provisional application ors are listed on a mental priority data sheet B/02B attached hereto.				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DE	CLA	RATION		Utili	ty or	Des	sign	Pate	nt /	Арр	licatio	on
United States United States information wi	of Ameri or PCT In hich is ma	fit under 35 U.S.C. 1 ca, listed below and ternational applicati aterial to patentabilit international filing d	l, insofa ion in th γ as de	ar as the s e manner i fined in 37	ubject matt provided by CFR 1.56 v	er of ea the first	ch of the paragra	claims of the	iis applii C. 112.	cation is Lacknow	not disclosed ledge the dut	d in the prior : v to disclose
U.	U.S. Parent Application or PCT Parent Number							ling Date /YYYY)			nt Patent (if applica	
		PCT international a										
		ereby appoint the fo onnected therewith:		istomer Nu	mber			on number lis		→	Place Cus Number Bai Label he	tomer Code
	Nam	e	_	Regi	stration			Nan				stration imber
Additional	registere	d practitioner(s) name	ed on su	upplement	al Registere	d Practi	ioner Inf	ormation she	et PTO	/SB/02C	attached here	eto.
Direct all corr	esponde			Number de Label				OR	X c	orrespo	ondence add	ress below
Name	David	l K. Lucente,	Seag	gate Te	chnolog	gy LL	.C					
Address	Intell	ectual Proper	ty - (	COL2L	GL							
Address	389 I	Disc Drive										
City	Long	mont				St	ate	CO	ZIP	8050	3	
Country	US			Telepho	ne 720	-684-	684-2295 Fax 720-684-2588			3		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								o made are				
Name of So	Name of Sole or First Inventor:								entor			
Given Name (first and middle [if any]) Family Name or Surname												
David Lo												
Inventor's Signature		Colphied Date 6/19/2							6/19/2009			
Residence: 0	City	Fort Collins		State	CO_	c	Country US Citizenship US					US
Post Office A	ddress	1601 Tangle	wood	d Drive	)							
Post Office A	ddress	^						<u>-</u>				
City		Fort Collins St	ate C	0	ZIF	- 80	525		Cou	intry	US	
	linvento	rs are being name	ed on th	ne <u>2</u> s	upplemen	tal Add	litional I	nventor(s)	sheet(s	) PTO/S	B/02A attac	hed hereto

PTO/SB/02A (3-97)
sign (+) inside this box 

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION**

## **ADDITIONAL INVENTOR(S)** Supplemental Sh et Page 1 of 2

					_						
Name of Addition	nal Joint Inventor, if any:										
Given Name (first and middle [if any])					Family Nan	ne or S	Surname				
Chris Thomas				/ Sep	tje		- <del></del>				
Inventor's Signature	Min Thou	~s	4	M		<u> </u>			Date		6/18/03
Residence: City	Westminster	s	tate	co	Co	ountry	US		Citizens	hip L	JS
Post Office Address 9657 W. 99th Place											
Post Office Address		_	_								
City	Westminster	s	State	СО	2	ZIP 8	0021	Country	US		
Name of Addition	nal Joint Inventor, if a	nal Joint Inventor, if any: A petition has been filed for this unsigned inventor							entor		
Given Na	en Name (first and middle [if any]) Family Name or Surname										
Steven Alan	Koldewyn										
Inventor's Signature	Sz. J.	1	1		$\geq$				Da	ite	9/8/03
Residence: City	Berthoud	s	tate	со	Co	ountry	US		Citize	nship	us
Post Office Address	2501 Blue Mountain A	Aven	ue								
Post Office Address											
City	Berthoud		State	со		ZIP	80513	Coun	try U	S	
Name of Addition	nal Joint Inventor, if a	ny:			] A	petitio	n has been filed	d for thi	s unsig	ned inv	rentor
Given Na	me (first and middle [if any	/])					Family Nan	ne or S	Sumame		
KarWei Koay											
Inventor's Signature	160	_		,	1				Da	ite	6/18/63
Residence: City	Lafayette	s	tate	со	C	ountry	US		Citize	nship	Malaysia
Post Office Address											
Post Office Address											
City	Lafayette	Sta	ate	СО		ZIP	80026	Co	ountry	US	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental She_t Page 2_ of 2

Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor				
Given Nai	me (first and middle [if any]	)		Family Name or Surname						
Abhay T.	Abhay T. Kataria									
Inventor's Signature	HAN.							Date		6/18/23
Residence: City	Longmont	State	СО		Country	IJS		Citizens	hip I	ndia
	1012 Chokecherry Lane									
Post Office Address										
City	Longmont	State	СО		ZIP 8	0503	Countr	US		
Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	n has been filed	d for th	is unsigi	ned in	ventor
Given Nai	me (first and middle [if any]	)		$\perp$		Family Nan	Name or Surname			
Marinko	Bosnich									
Inventor's Signature	Marih Bos	mil						6 Da	te	6-18-03
Residence: City	Berthoud	State	со	С	Country	US		Citize	nship	US
Post Office Address	1101 Arapahoe 📚 A	M3 VE.								
Post Office Address										
City	Berthoud	State	со		ZIP	80513_	Cour	ntry U	S	
Name of Addition	nal Joint Inventor, if an	ıy:		/	A petitio	n has been filed	d for th	is unsigr	ned in	ventor
Given Nar	me (first and middle [if any]	)				Family Nan	ne or	Sumame		
Mike E.	Mike E. Baum									
Inventor's Signature	11Bon							Da	te (	6/18/03
Residence: City	Longmont	State	co		Country	US		Citize	nship	US
Post Office Address	5671 Steeple Chase Dr	·	<u>-</u>							
Post Office Address										
City	Longmont	State	СО		ZIP	80503	6	ountry	US	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	David L. Schell et al.	
Serial No.:		Examiner:
Filed:	June 20, 2003	Group Art Unit:
Title:	Dynamic Head Switch Tir	ning Recalibration Apparatus And Method
Docket:	STL11223	

# POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST (REVOCATION OF PRIOR POWERS)

As assignee of record of the entire interest of the above identified application, REVOCATION OF PRIOR POWERS OF ATTORNEY

all powers of attorney previously given are hereby revoked and

## **NEW POWER OF ATTORNEY**

the following practitioners/patent agent are hereby appointed to prosecute and transact all business in the Patent and Trademark Office connected therewith.

Shawn B. Dempster, Registration No. 34,321	Raghunath S. Minisandram, Registration No. 38,683
Derek J. Berger, Registration No. 45,401	Mitchell K. McCarthy, Registration No. 38,794
Kirk A. Cesari, Registration No. 47,479	Carol I. Bordas, Registration No. 37,284
Paul T. Dietz, Registration No. 38,858	Jennifer M. Buenzow, Registration No. 50,124
David K. Lucente, Registration No. 36,202	Joseph F. Villella, Jr., Registration No. 30,599
Jesus Del Castillo, Registration No. 51,604	Brendan Hanley, Registration No. 52,429

## CHANGE OF ATTORNEY'S / AGENT'S ADDRESS IN APPLICATION

David K. Lucente Seagate Technology LLC Intellectual Property Dept. - COL2LGL 389 Disc Drive Longmont, Colorado 80503 (720) 684-2295 (telephone) (720) 684-2588 (facsimile)

### STATEMENT UNDER 37 CFR 3.73(b)

Seagate Technology LLC states that it is the Assignee of Entire Interest in the patent application/patent identified above by virtue of an Assignment from the inventor(s) of the patent application/patent identified above. A copy of the Assignment is attached and/or was recorded in the Patent and Trademark Office at Reel , Frame . The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the Assignee.

Respectfully submitted,

SEAGATE TECHNOLOGY LLC (Assignee of Entire Interest)

4/20/03

Date

David K. Lucente, Reg. No. 36,202

Seagate Technology LLC

Intellectual Property Dept. - COL2LGL

389 Disc Drive

Longmont, Colorado 80503

(720) 684-2295 (telephone)

(720) 684-2588 (facsimile)